

Last revised 8/05/02

**ANMC Chronic Pain Program  
Patient Initial Assessment**

Item	Question	Response
1	What is your name?	Name <u>Todd Allen</u>
2	What is your Medical Record Number?	Record # <u>3-30-67</u>
3	What is the best phone number to reach you at?	Phone <u>337-8895</u>
4	What is an emergency phone number to reach you at?	Emergency Phone <u>263-8340</u>
5	What is your work telephone number?	Work Phone <u>834-6913</u>
6	What is your birth date?	<u>3 / 30 / 67</u> date month year
7	How old are you?	Age in years <u>35 yrs. 9 mo</u>
8	Marital Status	Single.....1 Married..... <u>(2)</u> Divorced.....3 Widowed.....4 Domestic Partner.....5
9	Who is your primary support person? * Make sure this person is identified and a signed release has been obtained to contact this person on the "General Chronic Pain Agreement"	Name
10	What is the telephone number for your primary support person?	Phone
11	Who is your primary care provider?	Provider <u>Maria Freeman</u>
12	Who is your case manager?	Case Manager <u>Sarah Carter</u>
13	What is the most recent Prime MD Score? (retrieve from the Health Summary)	Score:
14	Date of most recent Prime MD score? (retrieve from the Health Summary)	Date:
15a	Location of Pain: On Figure 1, please shade the area(s) where the patient feels pain. Mark an "X" in the areas that hurt the most.  Provider: Please identify each separate pain complaint with letters (e.g., A, B, C...), in order from greatest to least, for later reference.	Location A: <u>Right side head</u> <u>Jaw joint area/in</u> <u>side ear area due to</u> <u>T.M.J. pain broken jaw</u>

Patient Initial Pain Assessment 1

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Exhibit C

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15b	Location of Pain (see Diagram 1)	Location B: <u>left side head</u> <u>Jaw joint area</u>
15c	Location of Pain (see Diagram 1)	Location C: <u>Right side head-ear area</u>
15d	Location of Pain (see Diagram 1)	Location D: <u>left side head-ear area</u>
16	PIA Date (Today's Date)	
	For questions 16a through 16e, the patient rates the pain using either 0-10 numeric scale (where 0 = no pain or 10 = worst imaginable pain), or FACES Pain Scale. Please note which is used. Use FACES with children, non-English speaking or cognitively impaired individuals.	
16a	Pain as it is right now	Rating (0 to 10) ..... <u>5</u>
16b	Pain at its worst	Rating (0 to 10) ..... <u>10</u>
16c	Pain at its best	Rating (0 to 10) ..... <u>2</u>
16d	Pain on average during the last month	Rating (0 to 10) ..... <u>6</u>
16e	Most acceptable level of pain	Rating (0 to 10) ..... <u>6</u>
17	Frequency of pain flares during the last month	# flares in past month <u>Est 16</u>
18	Duration of pain flares during the last month <u>1-2 hrs. to 2-3 days</u>	Duration of flares in past month <u>2-hrs to 2-3 days</u>
19a	Overall, what is your pain like? You can use your own words, or the following words:	Word Descriptors:
19b	<u>Aching</u> <u>Sharp</u> Penetrating	19a _____
19c	<u>Throbbing</u> <u>Tender</u> Nagging	19b _____
19d	<u>Shooting</u> Burning      Numb	19c _____
	Stabbing      Exhausting <u>Miserable</u>	19d _____
	<u>Gnawing</u> Tiring <u>Unbearable</u>	
	Intermittent      Continuous	
20	What sorts of things make your pain feel better, or relieves the pain (for example: heat, rest, medicine)?	List: <u>heat, rest, medication</u> <u>Laying on my back not my sides</u>

Patient Initial Pain Assessment 2

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